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ABSTRACT

This publication is intended as an initial effort by the New York state education department to provide pragmatic and realistic suggestions for the development by schools of successful drug abuse prevention programs. The information provided covers: (1) the nature of the problem; (2) present school district policies and procedures; (3) program development, centering on helping students develop their own solutions through school and community facilities; (4) health education, which focuses on continuing programs of physical, mental and pharmacological health; (5) legal considerations such as inspection of lockers, search of person, and confidentiality when dealing with suspected student abusers; (6) recommended references, which includes a brief abstract; and (7) an appendix on emergency medical procedures. Recognized as vitally important to a successful program is student participation, student leadership, parental involvement, and total school-community cooperation. In complement, schools need to be continuously aware of the interrelationship of drug abuse with other social problems such as student alienation, depersonalization, and the feeling of helplessness derived from a perceived inability by students to affect the course of events around them. (Author/TA)

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Guidelines for School Programs in the Prevention of Drug Abuse

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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FOREWORD

We are all aware of the complexity of the problem of drug abuse which is symptomatic of deeper problems in the society. The fast-growing nature of the problem precludes its solution by any one group, agency, or segment of society. It is our firm conviction that the most feasible approach to a solution of the problem can best be accomplished by a cooperative, joint effort by school districts with local community agencies and groups who are in a position to have their finger on the pulse of the problem and identify it locally, and in conjunction with State agencies who are in a position to assist in an attack on a broader, more comprehensive level.

The accompanying publication, Guidelines for School Programs in the Prevention of Drug Abuse, is not offered as a panacea, but rather as an initial effort by the New York State Education Department to provide pragmatic and realistic suggestions for the development of successful drug abuse prevention programs.

We invite and solicit your considered opinions and constructive criticisms to aid us in a future refinement of even more effective guidelines.

Ewald B. Nyquist

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On behalf of the education community of this State, I extend our heartfelt appreciation.

John S. Sinacore
Special Assistant to the Commissioner
on Drug Education

I. INTRODUCTION

These guidelines are intended to aid schools in forming policies and conducting programs for prevention of drug abuse.[1] In addition, the Department is committed to aiding schools by providing consultation, conducting research, developing curriculum and resource materials, and providing financial support for educational program development at the local level both directly and through existing State and Federal funding programs. They are written on the premise that each school district is responsible for developing a drug education program to meet local needs. We intend this document to provide basic principles for local Boards and school administrators who will be responsible for developing a drug abuse prevention program. By program, we mean the coordinated efforts of all school services and staff.

We approach the phenomenon of drug abuse with the awareness that it is symptomatic of many social and personal problems and that we are living in a time of unparalleled upheaval, change, and uncertainty. While attempting to deal with this massive social problem, the schools must be continuously aware of its interrelationship with other social problems such as student alienation and depersonalization, and the evolving attitude of helplessness derived from an inability to affect the course of events around them.

Vital components of successful programs are student participation, student leadership, parental involvement, and total school-community cooperation. The application of these components may vary among school districts.

Background

The Department has shown longstanding concern for problems related to drug abuse. Chapter 804A of the laws of 1952 requires that the courses of study beyond the first 8 years of full-time public day schools provide for instruction in the nature and effects on the human system of narcotics and habit-forming drugs. The courses shall emphasize desirable health habits, attitudes, and knowledge of the effects of narcotics and habit-forming drugs upon the physical, mental, and emotional development of children and youth. Similar courses of instruction shall be prescribed and maintained in all private secondary schools in the State.

The superintendent of schools of each district is required to file an affidavit at the end of the school year and affirm that the schools in his district have complied with this legislative requirement.

Curriculum materials were published in 1946 and 1949 with sections devoted to stimulants and narcotics. Health education in the State was further strengthened by the enactment of Chapter 787 of the Laws of 1967 which requires instruction on drugs, alcohol, and tobacco as part of a broad program of Health Education. In response to this legislation, the Regents approved revision of the Regulations of the Commissioner of Education affecting health education. These now call for health instruction throughout the elementary grades. In addition, they require one-semester courses in health instruction at the junior and senior high school levels to be taught by a teacher certified in the area of health education. The regulations also specify that a health education coordinator be designated by the school in order for health instruction to be articulated throughout the curriculum and to be appropriately correlated with community programs. It is expected that these regulations will be fully implemented by September, 1970 in all school districts of the State.

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1 For the purpose of this document, drug abuse is considered the unprescribed, unsupervised use of legal drugs in a manner or amount not intended, and the use in any way of an illegal drug.

A Bureau of Health Education was established in 1967 and was charged with planning programs to implement the health education law. Five curriculum strands have been developed. Drug abuse material appears in all five strands. Early in 1970, a Regents Committee on Drugs and Education and a Departmental Task Force on Drug Abuse were established to formulate policy and advice on the direction of the Education Department efforts in this area.

The Department recently established a Special Unit on Drug Education which includes professional representatives of both instructional and pupil services. The Unit has responsibility for--

- gathering information;
- identifying, studying, and evaluating programs;
- consulting with schools;
- encouraging inservice training and workshops;
- continuing development of curriculum;
- coordinating drug education efforts within the Department; and
- maintaining liaison with other dpartments and agencies for all levels.

II. THE NATURE OF THE PROBLEM

The phenomenon of drug abuse is complex and not fully understood. It is much more than a problem for which a simplistic solution waits to be found. Specialized points of view which may restrict understanding of the drug problem by a student, a teacher, or a school are to be avoided.

Schools are an integral part of the community, and school staff should share with others the responsibility for understanding the size and nature of the problem, and work cooperatively in programs of prevention and treatment. At the present time, public schools in New York State have no legal authority for treatment but must accept the fact that some students are, or may become, drug abusers. Administrators, teachers, and other staff should make earnest efforts to assist students to develop effective means of their own for dealing with the drug problem. We believe that the breakdown of communications between students and adults contributes greatly to the drug abuse problem and inhibits our ability as a society to work effectively toward its resolution. There should be efforts to assist students to acquire those skills and leadership capabilities which will permit them to make effective use of adult support.

For students who are abusers in various stages of drug dependency, schools should accept responsibility for advice to families, referrals to appropriate health and social agencies, and cooperation with professional and lay persons who are interested and qualified to help such students.

III. SCHOOL DISTRICT POLICIES AND PROCEDURES

There are certain basic concepts which should be considered in a school district's program to prevent drug abuse. These are:

Boards of education should have a written policy on programs relating to the prevention of drug abuse. It should include a concise statement of concern, the priority assigned to the problem,and a statement regarding district-wide curriculum, pupil services for drug abusers, and other staff responsibilities. School boards are encouraged to organize advisory committees--which should include students, teachers, parents, and representatives of appropriate community agencies--to develop policy.

Boards of education, by their statements of policy, will set the tone for the whole drug abuse prevention program. A concerned expression of their desire to assist students to face and cope successfully with the attractions of drug abuse is to be encouraged. This can be demonstrated by the responsible involvement of youth in the development of policies and procedures. The allocation of funds by the board demonstrates further their concern for the drug abuse prevention program.

IV. PROGRAM DEVELOPMENT

A successful drug education program must arouse student concern about drug abuse and mobilize that concern in constructive ways. Programs should be designed to help students develop their own solutions, rather than arbitrarily to impose those of adults upon them.

Early and responsible involvement of students is extremely important. There are certain natural leaders in the student population who may or may not be associated with formal student organizations and who often exert considerable influence on their peers. Natural leaders can contribute a great deal to a school's prevention program, provided that they are properly trained and sympathetic to the aims of the drug education program.

The schools' relationship with local community agencies, including law enforcement agencies should be worked out, and clearly stated. It is particularly important that students, parents, and school staff be well-informed of these relationships. The school's drug abuse prevention program should be thoroughly explained to all segments of the community. Whenever possible, students should be encouraged to take responsibility for some of the planning of these programs.

The continuing education program in a school district offers an excellent opportunity for involving parents and young adults in the school's drug education program. An ongoing program can provide significant assistance to parents and the community in developing a successful drug abuse prevention program. The importance of parental and other adult involvement to a successful program cannot be overemphasized.

A school staff committee to deal with drug abuse is a common approach in schools in the State. These committees usually consist of a school administrator, school physician, school nurse-teacher, school psychologist, school social worker, guidance counselor, health education teacher, and other subject matter teachers. The addition of students to the committee should increase effectiveness.

One approach to drug abuse prevention is the assignment of a staff member to coordinate the program. This person can assist students in collecting and managing an information library. He can locate and recommend outside resources which may be used in a school program. He can advise school staff, plan and lead workshops, and conduct inservice programs. He can serve as liaison with other community drug programs and agencies, assist with referrals, and followup when necessary. He can work

with students in organizing their own prevention projects, in aiding communications between the students and faculty, and in counseling individuals and small groups of students.

The selection of a coordinator for a drug abuse prevention program should not be based upon identification with any specific profession, but should take into account personal qualities and desirable specialized training. The Department is offering special programs to provide some of this training.

Methods

Participation in a wide range of activities, discussions rather than lectures, and an atmosphere that will encourage trust and promote mutual understanding should be emphasized. Small group arrangements are recommended. These approaches should not be confused with methods common in addiction therapy, such as encounter groups. Assumptions that students should be treated as addicts, or that they need rehabilitation, are not justified by any conditions known at this time. Since problems of drug abuse are often symptomatic, it is frequently found that discussions lead to exposure of other problem areas. Referrals to other school staff should be made as quickly as possible when needed.

To effecitvely communicate with students, educators should understand their own attitudes towards drugs, drug use, and drug abuse. Encouraging open discussion and direct interaction with students is essential.

The National Institute of Mental Health, has suggested the following techniques:

1. Establish a non-authoritarian, non-threatening environment in the classroom which will allow free flow of information and exchange of ideas and feelings. A non-moralizing non-dogmatic approach to the subject of drugs should be employed.

2. Involve students actively in the analysis of printed and audio-visual materials on drugs.

3. Opportunities should be provided for frequent teacher-pupil contacts on a one-to-one basis and for daily encounters with groups of students. Controversial subjects and current problems should be discussed, in classes such as social studies, (i.e., war, politics, racial situations, drugs,urban problems.)

4. Provide a room in school for multi-(media) experiences to be used to maintain open communication. Students might decorate the room and take part in decisions for its use.

5. Use small group techniques extensively, such as:
   a. Interaction through a dialogue.
   b. Role playing and behavior rehearsals.
   c. Encounter - Use only with trained leaders.
   d. Sensitivity training. Only to be used by highly qualified teachers.
   e. Buzz sessions.
   f. Critical - incidents.

6. Instead of using entire films, think in single concept terms. Show a portion and discuss letting students participate in open discussion on good and bad aspects.

7. With caution and advance screening, use personnel from treatment and rehabilitation programs, former drug users, drug addicts, or other resource persons from all levels of related backgrounds. Also, make visits to institutions.

8. Collect newspaper stories about drugs. Read in class for biases and discuss.

9. At parent or community meeting, try tuning in with the kids" technique. Leader has a group of students seated on stage with backs to adult audience discussing, frankly, how they feel about school, teachers, etc. After discussion gets underway, the students are turned around.

10. Have young students identify drugs among non-food substances at grocery store.

11. Consistent with the philosophy of the program, the traditional systems of grading are not desirable in a drug education program, but unit credit should be given. [2]

Workshop

Seminars, workshops, and other intensive training sessions related to drug education should be considered for early phases of the program and for later repetition. These can be conducted in stages beginning with training teams from each school within a district. These teams might be followed by workshops within each school to encourage further development of the program. Additional workshops might be conducted periodically for groups such as parents' organizations.

Inappropriate Approaches

Schools throughout the country have reported the ineffectiveness of crash programs, moralizing, and attempts to frighten students:

> An "all school" program is no way to conduct drug education. The normal rules of school are suspended, all classes stop, students assemble, people are invited from the community, and one or two films - often sensational or lurid and more likely to breed drug use than to suppress it - are shown. This 'why it's dangerous to use drugs' approach is likely to make many teenagers feel that if they haven't tried drugs they're missing something...To many young people, the old-time rituals of religion, country, family, and school have lost their appeal - and drugs, astrology, youth sub-culture, are among the substitutes. Educational emphasis should be on ways of coping with youths' problems rather than on picturing drug users as "depraved" individuals, which has proven to be ineffectual. [3]

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2 Marvin R. Levy, NIMH-NEA-AAPHER-NSTA Conference, 1968, Hearings before U.S. Senate Committee on Labor and Public Welfare, 91st Congress, GPO 34-788.

3 NIMH/PHS "How to Plan a Drug Abuse Education Workshop for Teaching," Nov., 1969.

Attempts to survey abuse of drugs by students often are perceived by students as objects of humor and scorn.

Care should be used in explaining the provisions of law relating to drug abuse.

> Young people delight in pointing out the inconsistencies and hypocrisies in drug legislation and enforcement, and while they should be informed of the penalties of drug possession and use, nothing is to be gained from trying to defend the inconsistencies of drug legislation...with most youths threats make no impressions. They argue that the adult community commits legal transgressions, why shouldn't we. [4]

Audio-visual materials used in drug education programs are frequently received negatively by students. Therefore, a screening committee, with local students and parents among its members, is advisable.

Use of ex-addicts in school programs should be approached with extreme caution. Students often withhold credence on grounds that the ex-addict's arguments are not necessarily relevant.

V. HEALTH EDUCATION

There is danger that many communities will organize and act decisively to discourage drug abuse and then lose interest when their campaign appears to be taking effect. The American experience with alcohol demonstrates an amazing tendency to look the other way and accept bad public health conditions.

Boards of Education should recognize the need for continuing programs based on coordinated planning, so that well-qualified teachers can influence the development of students throughout their entire career. When the aim is wholesome psychological and social growth, a sequential school program (K through 12) is indicated.

Drug education should be taught within the context of health education and should be more than just a pharmacological study; an understanding of mental health services as a prerequisite to drug studies. A person needs an understanding of his psychological self in order to understand the motivations that underlie drug abuse. There must also be an understanding of the physical self, as well as psychological, if understandings of drug dependence are to be approached. Disease entities associated with drug abuse, such as hepatitis, and their significance should be known. Drugs and their implications for safety also warrant discussion.

Consumer health education comes into the picture when prescription and non-prescription drugs and regulatory practices related to them are discussed. In summary, drug education should involve a study of pharmacology, mental health, public health, consumer health, physical health, and safety.

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4 NIMH/PHS "How to Plan a Drug Abuse Education Workshop for Teaching." November, 1969 .

Curriculum

The new Health Education curriculum, Strand II, deals with sociological health problems. Development of courses of study for junior and senior high schools should be guided by Strand II methods, content, and objectives as described below.

Education regarding the use and abuse of drugs, alcohol, and tobacco must include an understanding of the factors related to (1) personality development, (2) social and cultural influences, (3) human motivation, and (4) the pharmacological effects of these substances. The teacher should use approaches based on the nature of the learner, his experiences, abilities, interests, needs and motivational level.

Although the basic principles of learning will be the guideposts for teaching about the sociological health problems, problem-solving techniques, independent study, and group discussions and exchanges should be emphasized. Negativistic approaches, authoritarian approaches, question and answer recitation, and lecture methods have proved to be ineffective and should be avoided. On the other hand, drug education should include opportunities for students to make decisions relative to personal involvements. They should learn to base these decisons on reliable data. The quantity and quality of the information available to the student, and his understanding of it, will determine to a great extent the degree to which he will develop an intelligent basis for his behavior regarding drugs, alcohol, and tobacco.

Learning experiences should relate directly to the development of respect for all drugs and chemical substances. These include prescription and nonprescription drugs, as well as tobacco and alcohol. Sociological health problems are becoming increasingly more significant in our society, and students must be given the opportunity to understand the broad sociological implications relative to all chemical substances which have an abuse potential. They should understand:

- the nature of the problem for their age group;
- the kinds of prevention and solutions available;
- how they can become involved in these solutions;
- the role of community agencies and community action in dealing with these problems.

Inservice Training

Administrators and school staff members should prepare themselves for dealing with drug problems by attending courses, workshops, and institutes offered by colleges and universities, the Education Department, and other responsible agencies.

In planning local inservice programs for teachers, schools should consider the following objectives which were developed in 1968 under the sponsorship of the National Institute of Mental Health:

1. To develop self-awareness and sensitivity for the feelings of others.
2. To discriminate between fact and fiction regarding drugs.
3. To recognize personality problems related to drug abuse.
4. To develop communication skills necessary for meaningful dialogue with students.
5. To respond to students' questions about drugs with certainty and assurance.
6. To critique audiovisual and printed materials with objectivity toward use in instructional programs.

7. To understand federal and state regulations regarding use of drugs.
8. To differentiate between use, misuse, and abuse of drugs.
9. To develop techniques for encouraging decision-making.[5]

Teachers who have taken part in local programs urge that planning provide for intensive training concentrated in at least 3 full days, rather than weekly meetings.

An orientation session for the whole staff may be justified. Teachers and administrators in the school should be informed of plans for inservice programs--including objectives, scope, and process--whether or not they participate. Their potential role in influencing students should be emphasized.

VI. LEGAL CONSIDERATIONS

The establishment of an educational program requires rules and regulations designed to maintain an orderly program and to operate the school in a manner conducive to learning. School authorities have always been bound by the requiement that their rules and regulations be reasonable. On review by the Commissioner or the courts, consideration is given primarily to the question whether such rules and regulations are a reasonable exercise of the power and discretion vested in those authorities. It is the duty of school authorities to insure the protection of the educational system and of the students. To fulfill this duty, school authorities have been give the power to discipline those students who, due to their conduct or their physical or mental condition, are disrupting the educative process or are endangering the health, safety, or morals of themselves or of others (Education Law section 3214).

Our immediate concern is with drug abuse--either using or "pushing" drugs--what is said here is applicable as well to other forms or expressions of antisocial behavior on the part of students. Whether discipline is to meted out to such students, and the measure and extent of such discipline is within the discretion of local school authorities. The mere fact that such conduct occurs or such conditions exist outside the school situation or the school-pupil relationship does not preclude the possibility that such conduct or condition may adversely affect the educative process or endanger the health, safety, or morals of pupils within the educational system for which the school authorities are responsible. Local school authorities are in the best position to appraise such affects, and their determination will not be upset unless it is demonstrated that they have abused their discretion.

School officials have no authority to waive the legal rights of the student. If a police officer seeks to arrest or question a student on school grounds, the school officials should immediately notify a parent of the student of the facts so that the parent may react to the developments. The Court of Appeals in People v. Overton, 20 NY 2d 360, 393, U.S. 85, 24 NY 2d 522, observed that wherever large numbers of teenagers congretate, their inexperience and lack of mature judgment create hazards. Parents who surrender their children to the school environment have a right to expect certain safeguards. The susceptibility of high school age students to peer influence increases the danger--particularly in relation to drugs. "It is," the court stated, "the affirmative obligation of the school authorities to investigate any charge that a student is using or possessing narcotics and to take appropriate steps if the charge is substantiated."

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5 Marvin R. Leary, Guidelines for Drug Programs, Hearings before the Special Subcommittee on Alcoholism and Narcotics of the Committee on Labor and Public Welfare, U.S. Senate, September 18 and 19, 1969.

Inspection of Lockers

The question frequently arises as to the right of school officials on their own volition or in conjunction with police officers to conduct an inspection of students' lockers. In People v. Overton, it was held that a student's possession of a school locker is not exclusive against the school or its officials. The court said:

> A school does not supply its students with lockers for illicit use in harboring pilfered or harmful substances. We deem it a proper function of school authorities to inspect the lockers under their control and to prevent their use in illicit ways or for illegal purposes. We believe that right of inspection is inherent in the authority vested in school administration and that the same must be retained and exercised in the management of our schools if their educational functions are to be maintained and the welfare of the student bodies preserved.

Search of Student's Person

While the inspection of a locker, with or without a warrant, is permissible, the rule is otherwise with respect to the search of the individual. To search an individual unless the search is the incident of a lawful arrest and not the mere occasion which gives rise to the arrest, a search warrant should be obtained. School authorities should refrain from searching individual students, or requiring the emptying of pockers or removal of clothing. The same would apply to a student's automobile parked in a student parking lot. (United States v. DiRe, 332, U.S. 581; State v. Bradbury, 243A 2d 302; People v. Cohen, 57 Misc. 2d 366.)

Confidentiality

The Laws of the State of New York provide statutory protection for the confidentiality of disclosures between professionals and clients including priests, physicians, dentists, nurses, attorneys, certified psychologists, and social workers in the scope of their private professional practices--but their is no such statutory protection for confidential communications made to school employees such as psychologists (unless certified), social workers, guidance counselors, or others.

The Commissioner of Education has held in a judicial proceeding that all pupil personnel records are confidential as far as third parties are concerned, with the school and the parent being the first and second parties (Matter of Thibadeau, 1 Ed. Dept. Rep 607). The same result was reached by Nassau County Supreme Court in Van Allen v. McCleary, 27 Misc 2d 81. (See also the Manual on Pupil Records, Chapter II.)

These decisions, however, do not deal with information relating to knowledge of commission of crimes by students.

These school employees may find it necessary, for the protection of the student and his family, to keep information obtained by or about the student or others in confidence. In other situations, it may be essential for the protection of the school and its staff to disclose information with care, discretion, and tact. School officials are faced constantly with the pressing and serious obligation to the individual student, the student body, the school and the community. Additionally, considering that under present law school records are to some extent public records, school staff members should discuss with the school administrator and school attorneys

what written records should be made and maintained, how they should be used, and what disclosures from them, if any, might be required at some time.

It has been the position of the Department that although school authorities should cooperate with local law enforcement agencies, police or other investigators have no right to question students at school or to remove students from the school premises without a warrant or Court Order and unless a crime has actually been committed on the school property. This policy is necessary for the protection of the rights of the pupil and of his parents.

It is the view of the Department that information about drug use and abuse obtained from pupils and parents should be considered privileged with the right of disclosure belonging to the pupil and his family. The Education Department is sponsoring legislation this year, as it has in the past three years, which would establish statutory recognition for privileged communications between school psychologists or guidance counselors and pupils, but unless and until such legislation is passed, school authorities should recognize that they may be required to disclose such communications without the consent of the pupil involved by a subpoena or other legal process and they cannot confidently assure pupils that such disclosure may not be required in a given case.

Suspension

The statutory provisions for suspension of students are set forth in Education Law section 3214 subdivision 6. If a principal suspends a pupil for a period not to exceed 5 days, the pupil and the person standing in parental relation to him may request an informal conference. No student may be suspended for a period in excess of 5 school days except after an opportunity for a fair hearing, upon reasonable notice, has been extended to the student and the person in parental relation to him. At this hearing, the pupil has the right to be represented by counsel and the right to cross-examine witnesses against him. The hearing may be held before the superintendent of schools if the suspension was ordered by the superintendent, and an appeal may be taken to the board of education from the superintendent's decision. If the suspension has been ordered by the board of education, the board of education must conduct the hearing.

A distinction must be made between the criminal process in the prosecution of those who traffic in narcotics and the desire to remove such individuals from the school situation. This subject was recently considered in an appeal to the Commissioner of Education in Matter of Rodriguez, Decision No. 8015, dated June 17, 1969. There the Commissioner held that the mere fact of arrest for illegal traffic in narcotics was insufficient to warrant suspension from school.

Where the courts have seen fit, pending a determination of the criminal charges, to release on bail or their own recognizance students charged with crimes, even those relating to the use or sale of drugs, the students are entitled to continue their education. If the severity of the offense warrants, and the involvement of the student is substantiated by more than mere arrest and adversely affects the educational process, school authorities may invoke the suspension procedure set forth in Education Law section 3214 subdivision 6. After a hearing, school authorities may restrict a student to home instruction or take such action as may lead to his commitment.

VII. RECOMMENDED REFERENCES

Byrd, Oliver E., M.D. MEDICAL READINGS ON DRUG ABUSE (1970, Addison-Wesley, $3.95 pap.) Abstracts of medical literature primarily concerned with effects of drugs on behavior, suitable for workshops, courses, and student speaker teams.

Chein, Isidor, Gerard, Donald L., Lee, Robert S., and Rosenfeld, Eva, THE ROAD TO H -- Narcotics, Delinquency, and Social Policy (1964, Basic Books, $12.50). Interdisciplinary team sought answers to why addiction happens, concentrating on the 16-to 20-year old male drug user in New York City. Urges radical change in our concepts and actions on the prevention, control, and treatment levels.

Cohen, Sidney, M.D., THE DRUG DILEMMA (1969, McGraw-Hill, $4.95, pap. $2.95) Written for those who teach and counsel students, not excluding students themselves, it deals honestly with known facts but is not afraid to say, "We don't know today." Helpful in identifying the type of personality likely to become addicted, and situational factors conducive to drug dependency.

DeRopp, Robert S., THE MASTER GAME - Beyond the Drug Experience (1968, Dell $5.95, Delta pap. $1.95). The author of DRUGS AND THE MIND moves to the higher consciousness and invites all who dare to play a game worth playing, using creative psychology as a synthesis of methods. "What has turned youth to drugs,"he suggests,"is the kind of low games they have seen their elders play: he challenges adults on all rungs of power to seek better teachers. Or, as the Whole Earth Catalog puts it, "We are as gods and might as well get good at it."

Dubos, Rene, MAN, MEDICINE, AND ENVIRONMENT (1968., Praeger, $4.50, Mentor pap. $1.25) For a perspective on man, "the most powerful and most vulnerable of creatures," and the role modern medicine can and must play in understanding and influencing man's world.

Horman, Richard E., and Fox, Allan M. (eds.) DRUG AWARENESS- Key Documents on LSD, Marijuana, and the Drug Culture (1970, Avon Books pap. $1.45) From a limited edition published by the Drug Education Activities Unit of Temple University, the revised edition has selected 31 articles from a collection of over 2,000 up-to-date, authoritative documents, using consultants from medical, psychiatric, and psychological disciplines, and students. Designed to present general material first, gradually becoming more technical in the following selections in each chapter.

Kron, Yves J., M.D., and Brown, Edward M., B.D., MAINLINE TO NOWHERE The Making of a Heroin Addict (1967, Meridian Books pap. $2.25). The stages in the life of an urban male narcotics addict, chosen for typicality. Though emphasis is on the lowest urban social strata, authors do not minimize heroin addiction among the upper classes. The addict's reactions to life-stresses are seen as exaggerations of "normal" experience, impelling addicts toward a way of life that keeps them from maturing.

Lindesmith, Alfred R., THE ADDICT AND THE LAW (1965, Indiana University Press, $7.50, Vintage pap. $1.95). Concerned primarily with opiate addiction and the problem of control. Contains chapter on statistics and recruitment patterns and the difficulty in compiling reliable statistics.

Lingeman, Richard R., DRUGS FROM A TO Z: A DICTIONARY (1969. McGraw-Hill, $6.95, pap. $2.95). Compiled for laymen, especially those concerned occupationally with drug use, it contains scientific and street entries, with warnings about dosage levels and need to follow physician's directions. Warns also of the rapid change in drug slang, including such terms for the light they cast upon the drug user's world.

Nowlis, Helen H., Ph.D., DRUGS ON THE COLLEGE CAMPUS (Doubleday Anchor pap. $.95). Materials developed from a drug education project at the University of Rochester to serve as a guide for educators. Excellent chapter defines the problem on the college campus and directs educators toward their responsibilities in dealing with the increasing number of student drug users.

National Institute of Mental Health, HOW TO PLAN A DRUG ABUSE EDUCATION WORKSHOP FOR TEACHERS (1969, GPO, PHS Pub. Np. 1962, $.25). Compiled from materials developed by educators participating in a drug abuse education project conducted by NIMH, HEW, and NEA under direction of Marvin R. Levy, Ed. D., and Sanford J. Feinglass, Ph.D.; aimed at the primary and secondary teacher whose role should personify an active force in molding student actions and beliefs. Urges all workshop directors to attend an in-service workshop before conducting their own.

Smith, David E., M.D. (ed.), THE NEW SOCIAL DRUG - Cultural, Medical, and Legal Perspectives on Marijuana (1970, Prentice-Hall Spectrum pap. $1.95). Anthology dealings with pharmacology and classification, abuse, and sociopolitical issues behind the controversial plant that even the experts cannot classify.

Smith, David E., M.D. (ed.), DRUG ABUSE PAPERS (1969, University of California, Berkeley, $5.50). Syllabus compiled for course given by Continuing Education in Criminology, University Extension, with content updated to reflect patterns in drug subculture and latest research findings, for the continuing twice-yearly course.

Solomon, David (ed.), THE MARIJUANA PAPERS (1966. NAL-Signet pap. $1.50). Includes The Marijuana Problem in the City of New York (Mayor LaGuardia's Committee). Argues for the legalization of marijuana.

APPENDIX A--EMERGENCY MEDICAL PROCEDURES

A new order of health emergencies has appeared in some schools as a result of self-administration of dangerous drugs by students. Children engaged in such practices seldom, if ever, know the size dosage or can even identify the substances ingested or injected. Life-threatening situations may develop through overdoses and mistaken use of poisonous materials. Fatal infections can result.

In view of these conditions, it is well to review the related duties and constraints imposed upon school personnel by law.

As employees of boards of education, school nurse-teachers and other teachers are responsible for first aid care of school children who are injured or become ill while under school supervision, whatever the source or cause of the emergency.

First aid is treatment intended to protect the life and comfort of a child until authorized treatment is secured and is limited to first treatment only, following which the child is to be placed under the care of his parents, upon whom rests the responsibility for subsequent treatment. Boards of education, as corporate bodies, are not authorized to provide medical or dental care, beyond first aid, regardless of how worthwhile such services may be to the individual child.

Internal medication should not be administered even in emergencies to any child by the school personnel other than a physician who has seen and prescribed for that particular case.

Every school should have planned, written policies for emergency care. Such policies should be developed through cooperative efforts of the school physician, school nurse-teacher, parents, and the school administrator. Such a program of emergency care should include provisions for:

1. Written instructions in simple first aid procedures to guide those providing emergency care. These should be developed by the school physician and school nurse-teacher to guide school personnel in the administration of first aid. Mimeographed copies, bearing the signature of the school physician, should be placed in each classroom, shop, gymnasium, and similar work areas.

2. Current written directions for reaching parents without undue delay should be available. These should include the telephone number of the parent or guardian, name and telephone number of the family personal physician, and the name of a relative or friend who would assume responsibility when the parent is not available.

3. Plans for transporting pupils home or to a source of medical attention. Such plans are the joint responsibility of the school authorities and the parents. In cases of extreme emergency, when school personnel are unable to reach a parent other person designated by the parent as above indicated, the school, which is acting in place of the parent, is responsible for transporting the child to the source of medical attention.

4. Arrangements for the services of physicians when needed for emergency care. Ordinarily, the school physician would be responsible for such emergency care. In the event of his absence, arrangements should be made with other physicians in the area to provide medical care in emergencies.